Date Data Updated:6/30/21	POST NUMBERS BELOW:
Personnel/Health Care Worker (Denominator)	
• Includes employees, as well as volunteers, students, trainees, and any	
individual whether paid or unpaid, directly employed by or under	Number of
contract with the facility on a part time basis or-full time basis	Personnel:
Reporting should include, but is not limited to: physicians, physician	152
assistants, nurses, environmental, laundry, maintenance, dietary	
service, certified nursing assistants, therapists (e.g., respiratory,	
occupational, physical, speech, and music therapists), social workers,	
clerical, other health care providers, administrative and support staff	
Does not apply to a patient's family member or friend who visits or	
otherwise assists in the care of that patient in a health care facility	
If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator.	
 facility should include such personnel in their denominator Include persons who work full-time and part-time; Count individuals 	
 Include persons who work full-time and part-time; Count individuals rather than full-time equivalents 	
Tather than full-time equivalents	
Cumulative number of HCP who have Completed COVID-19 vaccination	
series (Numerator):	Number Completed
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	COVID-19
-or-	Vaccination: 102
Dose 1 and dose 2 of Moderna COVID-19 vaccine	
-or-	
1 Dose of Janssen (Johnson & Johnson) COVID-19 vaccine	Percentage Completed
	COVID-19
	Vaccination:
(Data sources may include health records – paper and/or electronic	67%
documentation of vaccination. Documentation of vaccination should	
include vaccine type and date(s) of administration). Cumulative number of HCP who have received Partial COVID-19	
vaccination series (Numerator):	Number Received Partial
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	COVID-19
-or-	Vaccination:4
Dose 1 and dose 2 of Moderna COVID-19 vaccine	vaccination:
	Percentage Received
(Data sources may include health records – paper and/or electronic	Partial COVID-19
documentation of vaccination. Documentation of vaccination should	Vaccination:
include vaccine type and date(s) of administration).	_0.03%